

Industrial Pretreatment Program

Initial Permit

**INDUSTRIAL WASTE DISCHARGE PERMIT APPLICATION**

Renewal Permit

- Proposed new Industrial Users shall submit this application within 60 days of being requested by the Industrial Pretreatment Program (IPP) and at least 90 days prior to connecting to the sanitary sewage system.
- Non-permitted existing Industrial Users shall submit this application within 60 days of being requested by the IPP.
- Existing permitted Industrial Users applying for a renewal or process modification shall submit this application at least 90 days prior to changing their discharge or permit expiration.  
(GRC 4.45.060)

**Note: Failure to complete this application may result in escalating enforcement actions including a \$100 fine and refusal by the City to discharge to the public owned treatment works (POTW). The City may require additional information prior to granting or denying an Industrial Wastewater Discharge Permit. The Industrial User is responsible for obtaining all applicable City, State, and Federal permits. If there is insufficient space to answer the questions completely, please attach the additional information and reference by Section number and question number.**

**SECTION A – GENERAL FACILITY INFORMATION**

1. Company Name:   
 Facility Name:   
 Facility Address:   
 Street:   
 City:  State  Zip:

2. Business Mailing Address (if different than Facility Address)  
 Street or PO:   
 City:  State  Zip:

3. Designated Signatory Authority of the facility<sup>1</sup>  
 (Attach similar information for each authorized representative. Designate who is the contact in case of emergency)

Name:   
 Title:   
 Street or PO:   
 City:  State  Zip:   
 Phone #:  Fax #:  E-Mail:

Name:   
 Title:   
 Street or PO:   
 City:  State  Zip:   
 Phone #:  Fax #:  E-Mail:

4. Designated Facility Contact (This person will be contacted for general correspondence and inspection scheduling)

Name:   
 Title:   
 Street or PO:   
 City:  State  Zip:   
 Phone #:  Fax #:  E-Mail:

5. Facility Operator (If different than the Facility Contact. The Operator is the individual most familiar with the Pretreatment System).

Name:				
Title:				
Street or PO:				
City:		State	Zip:	
Phone #:	Fax #	E-Mail:		

6. Year facility was established at the present location: \_\_\_\_\_ Business Start Date: \_\_\_\_\_

7. If this is an Initial Permit, what is the anticipated start date of discharge? \_\_\_\_\_

8. Does this business operate in another jurisdiction or have other locations? If YES, list any permits, restrictions, or prohibitions applied at those locations.

<input type="checkbox"/>	NO
<input type="checkbox"/>	YES -

<sup>1</sup> By federal law all applications, reports, or information submitted to the city must be signed as required below:

(1) By a responsible corporate officer, if the applicant is a corporation. For the purposes of this paragraph, a responsible corporate officer means:

- (a) a president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions, or;
- (b) the manager of one or more manufacturing, production or operation facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(2) By a general partner or proprietor if the applicant is a partnership or sole proprietorship, respectively.

(3) By a duly authorized representative of the individual designated in paragraph (1) or (2) of this section if:

- (a) the authorization is made in writing by the individual described in paragraph (1) or (2);
- (b) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the facility; and
- (c) the written authorization is submitted to the city.

**SECTION B – FACILITY OPERATIONS and INDUSTRIAL PROCESSES<sup>2</sup>**

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below, please check all that apply.

40 CFR Part	Category	40 CFR Part	Category
<input type="checkbox"/> 405	Dairy products processing	<input type="checkbox"/> 436	Mineral mining and processing
<input type="checkbox"/> 406	Grain mills	<input type="checkbox"/> 437	Centralized Waste Treatment
<input type="checkbox"/> 407	Canned and preserved fruits and vegetables	<input type="checkbox"/> 438	Metal Products and Machinery
<input type="checkbox"/> 408	Canned and preserved seafood processing	<input type="checkbox"/> 439	Pharmaceutical manufacturing
<input type="checkbox"/> 409	Sugar processing	<input type="checkbox"/> 440	Ore Mining and Dressing (Hard Rock Mining)
<input type="checkbox"/> 410	Textile mills	<input type="checkbox"/> 441	Dental Office
<input type="checkbox"/> 411	Cement manufacturing	<input type="checkbox"/> 442	Transportation Equipment Cleaning
<input type="checkbox"/> 412	Feedlots	<input type="checkbox"/> 443	Paving and roofing materials
<input type="checkbox"/> 413	Electroplating	<input type="checkbox"/> 444	Waste Combustors
<input type="checkbox"/> 414	Organic chemicals, plastics, and synthetic fibers	<input type="checkbox"/> 445	Landfills
<input type="checkbox"/> 415	Inorganic chemicals manufacturing	<input type="checkbox"/> 446	Paint Formulating
<input type="checkbox"/> 417	Soap and detergent manufacturing	<input type="checkbox"/> 447	Ink formulating
<input type="checkbox"/> 418	Fertilizer manufacturing	<input type="checkbox"/> 449	Airport Deicing
<input type="checkbox"/> 419	Petroleum refining	<input type="checkbox"/> 450	Construction and Development
<input type="checkbox"/> 420	Iron and steel manufacturing	<input type="checkbox"/> 451	Concentrated Aquatic Animal Production (Aquaculture)
<input type="checkbox"/> 421	Nonferrous metals manufacturing	<input type="checkbox"/> 454	Gum and Wood Chemicals Manufacturing
<input type="checkbox"/> 422	Phosphate manufacturing	<input type="checkbox"/> 455	Pesticide chemicals
<input type="checkbox"/> 423	Steam electric power generating	<input type="checkbox"/> 457	Explosives manufacturing
<input type="checkbox"/> 424	Ferroalloy manufacturing	<input type="checkbox"/> 458	Carbon Black Manufacturing
<input type="checkbox"/> 425	Leather tanning and finishing	<input type="checkbox"/> 459	Photographic
<input type="checkbox"/> 426	Glass manufacturing	<input type="checkbox"/> 460	Hospitals
<input type="checkbox"/> 427	Asbestos manufacturing	<input type="checkbox"/> 461	Battery manufacturing
<input type="checkbox"/> 428	Rubber manufacturing	<input type="checkbox"/> 463	Plastics molding and forming
<input type="checkbox"/> 429	Timber products processing	<input type="checkbox"/> 464	Metal Molding and Casting (Foundries)
<input type="checkbox"/> 430	Pulp, paper and paperboard	<input type="checkbox"/> 465	Coil coating
<input type="checkbox"/> 432	Meat and Poultry Products	<input type="checkbox"/> 466	Porcelain enameling
<input type="checkbox"/> 433	Metal Finishing	<input type="checkbox"/> 467	Aluminum Forming
<input type="checkbox"/> 434	Coal mining	<input type="checkbox"/> 468	Copper Forming
<input type="checkbox"/> 435	Oil and gas extraction	<input type="checkbox"/> 469	Electrical and electronic components
		<input type="checkbox"/> 471	Nonferrous metals forming

<sup>2</sup> Businesses conducting any of the above processes may be regulated as categorical industrial users as defined by the Environmental Protection Agency. New categorical industrial users must submit a Baseline Monitoring Report (BMR) to the City. This application contains all the information required in the BMR for new categorical industrial users and will be used as the BMR. Please contact the City of Gresham Pretreatment program if you have questions concerning your status as a categorical industrial user.

2. Give a brief description of all operations at this facility including primary products or services (Attach additional sheets if necessary):

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3. Provide applicable North American Industry Classification System (NAICS) numbers for all processes. If more than one applies, list in descending order of importance. NAICS numbers can be found at the following web site: <http://www.naics.com/search.htm>

a.	b.	c.
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4. Production Rate: **(Complete only if your facility is a categorical user with production-based limits. i.e.: Aluminum Forming, Batter Manufacturing, Coil Coating, Copper Forming, Iron and Steel Manufacturing, Metal Molding and Casting (Foundries), Nonferrous Metals Forming, Nonferrous Metals Manufacturing)**

Product	Past Calendar Year Amounts Per Day (Daily Units)		Estimate This Calendar Year Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum

5. Facility Shift Information

Shift	Day of Week	# Employees
1	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
2	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
3	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Total # Employees		

6. Indicate whether the business is:

- Continuous through the year, or
- Seasonal: identify peak process time of the year: \_\_\_\_\_

7. Does operation shut down for vacation, maintenance, or other reason?

- No
- Yes

Describe reasons and expected period of shutdown:

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**SECTION C – WATER USE INFORMATION**

1. Provide applicable water supply information below:

Water Supply Source Type	Water Service Account Number	Meter Size/Type	Usage (GPD)
Private Well			
Municipal Water (indicate City or district)			
Other (specify)			

2. Check all that are applicable to your facility and provide appropriate discharge flows.

Type	Average Daily Discharge Flow (GPD)	Estimated (E) or Measured (M)
Cooling Water – Contact		
Cooling Water – Non-Contact		
Boiler Feed		
Process Water		
Domestic Sanitary		
Air Pollution Control		
Contained in Product		
Plant and Equipment Wash Down		
Irrigation		
Other:		
<b>Total (GPD):</b>		

3. **Facility Water Use Diagram** - Submit a detailed facility diagram showing the water into and out of the facility. Include:

- a. Map orientation
- b. Site plans
- c. Floor plans
- d. Mechanical and plumbing plans and details to show location of all building water meters, sewer lines and connections, floor drains, sinks, lavatories, inspection manholes, sampling chambers, and appurtenances by size, location, and elevation.
- e. Number each unit process.
- f. Specify where operating, cooling, or rinse waters (contact/non-contact) are used.
- g. Mark points of discharge (drains) into the sewer system.

NOTE: A plan of the facility showing the above listed items may be submitted in lieu of a drawing. **Attach to this application as Exhibit A.**

**SECTION D – PROCESS WASTEWATER DISCHARGE INFORMATION**

1. Date operations began or will begin at this facility: (Month/Day/Year) \_\_\_\_\_

2. For new businesses only (if existing business skip to #3):

a. Check one:

- Existing Building                       New Construction

b. Are you required to apply for a City of Gresham development permit or building permit?

- Yes     No

c. Will the business be connected to the City of Gresham, Fairview, or Wood Village sanitary sewer system?

- Yes     No

3. Provide the following information on total facility **process** wastewater flow rates:

a. Hours/Day discharging to sewer (e.g. 8 hours/day):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

b. Peak Hourly Flow Rate (Gallons/Hour): \_\_\_\_\_

c. Maximum Daily Flow Rate (Gallons/Day, gpd): \_\_\_\_\_

d. Annual Average Flow Rate (gpd): \_\_\_\_\_

4. Process wastewater discharge type (check applicable).

- Continuous  Batch\*  Both\*

If and batch discharges occur, complete the following (estimates acceptable).

a. Number of batch discharges per day: \_\_\_\_\_

b. Average volume per batch: \_\_\_\_\_

c. Number of batches per week: \_\_\_\_\_

5. **Flow and Chemical Diagram** – For each major activity generating wastewater, draw a diagram of the facilities and plant processes including flow of materials, products, water, chemicals wastewater, and all materials that are or may be discharged to the sanitary sewerage system from the start of the activity to its completion. The diagram should:

- Show all unit processes.
- Indicate which processes use water and/or chemicals that generate waste streams.
- Show the location of the present or future wastewater discharge flow meter.
- Show the location of all present or future sampling points for required compliance samples.
- Number** each unit process discharging to the sanitary sewer. Use these numbers when completing the Facility Water Use diagram required in section **C3, Exhibit A. Attach to this application as Exhibit B (Flow and Chemical Diagram).**

6. Provide the wastewater discharge flows for each of your processes or proposed processes as shown in the Flow and Chemical Diagram (**Exhibit B**). Process flows also include boiler blowdown or cooling water. Include the reference number from the Flow and Chemical Diagram that corresponds to each process (Estimates acceptable).

Number	Process Description	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (batch, continuous, none)

7. Effective January 1, 2018, discharge flow meters are required for all new permitted Industrial Users, and for permitted Industrial Users that are substantially modifying their pretreatment systems at existing facilities. Indicate the present or future location of this equipment on the **Flow and Chemical Diagram (Section D5, Exhibit B)**.

- a. Does your facility have a discharge flow meter currently installed?
  - Yes. If Yes, provide the type of meter: \_\_\_\_\_
  - No. If No, describe your plans to have a discharge meter installed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- b. Does your facility have, or plan to have, automatic sampling equipment?
  - Yes
  - No
  - N/A

8. Are any process changes or expansions planned during the next year that could significantly alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

Yes. If Yes, briefly describe these changes and their effects on the wastewater volume and characteristics.

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No

9. Are any materials reused and/or water reclamation systems in use or planned?

Yes. If Yes, briefly describe recovery process and substance recovered.

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No.

## SECTION E – CHARACTERISTICS OF FACILITY WASTEWATER DISCHARGE

**All Applicants** - For the tables on the following pages, place a check in the appropriate column to indicate pollutants known to be present, suspected be present, or are not expected to be present in proposed waste streams. Each pollutant must be addressed. Please fill out both tables, general waste categories and specific waste characteristic. Attach any requests for a monitoring waiver or a renewal of a monitoring waiver.

**Permit Renewals** - Complete the table as specified, but do not include effluent data unless requested by the City.

**New Industrial Users** applying for their initial Industrial Waste Discharge Permit that have actual effluent laboratory analysis data must include that data with this application.

**New Categorical Industrial Users** applying for their initial Industrial Waste Discharge Permit must provide data in a baseline report for all pollutants required in the applicable federal regulation. Attach the lab analysis report, including chain of custody, sample time, date and place. Sampling and analysis methods must conform to 40 CFR Part 136, GRC 4.45.110(4), or other methods approved by the Administrator of the EPA, -and performed by a NELAP accredited laboratory. This application and all associated data must be submitted to the City at least 90 days prior to commencement of discharge as required by 40 CFR 403.12. **Contact the Industrial Pretreatment Program for further information concerning pollutants to be monitored, sampling locations, sampling methods, certification, and other baseline report requirements.**

Check here if effluent analytical data is included.





City of Gresham  
 Industrial Waste Discharge Permit Application

Pollutant	Known to Be Present	Suspected to Be Present	Not Expected to Be Present
Bromodichloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bromoform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bromomethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-bromophenylphenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butylbenzylphthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-chloro-3-methylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-chloroethylvinyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chloroform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chloromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-chlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-chlorophenylphenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,4'-DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,4'-DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,4'-DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dibenzo (a,h) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,3-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,4-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3,3-dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dichlorodifluoromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1-dichloroethene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trans-1,2-dichloroethene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2-dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,3-dichloropropene (cis & trans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,4-dimethylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Di-n-octyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4,6-dinitro-2-methylphenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,4-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,6-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2-diphenylhydrazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endosulfan I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Gresham  
 Industrial Waste Discharge Permit Application

Pollutant	Known to Be Present	Suspected to Be Present	Not Expected to Be Present
Endosulfan II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hexachlorocyclopentadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hexachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indeno (1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methylene chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Napthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N-nitrosodimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,3,7,8-tetrachlorodibenzop- dioxin (TCDD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1,2-tetrachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetrachloroethene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,2,4-trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1,1-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1,1,2-trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trichlorofluoromethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,4,6-trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vinyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Gresham  
 Industrial Waste Discharge Permit Application

Pollutant	Known to Be Present	Suspected to Be Present	Not Expected to Be Present
Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Molybdenum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ammonia (NH <sub>3</sub> -N)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluorides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nitrates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organic nitrogen (amines/ amides)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phosphates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfates or sulfites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfide (S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION F – PRETREATMENT EQUIPMENT**

1. On-site technologies for treating wastewater or sludge (check all that apply).

- Centrifuge
- Chemical precipitation
- Dissolved air flotation
- Filter press
- Filtration
- Flow equalization
- Grease trap
- Grit removal
- Ion exchange
- Oil/water separator
- pH neutralization
- Reverse osmosis
- Screen
- Sedimentation
- Biological treatment
- Other type: \_\_\_\_\_
- Other type: \_\_\_\_\_
- No pretreatment

2. Attach a process flow diagram for each existing treatment system. Include process equipment, waste by-products, and design and operation conditions. Describe process equipment with make, model, sizes, and flow direction. **Attach to this application as Exhibit C.**

3. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have a treatment operator?  YES  NO

If YES, Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
  
Full Time: \_\_\_\_\_ (specify hours)  
Part Time: \_\_\_\_\_ (specify hours)

5. Do you have a written maintenance schedule or manual on the correct operation of your treatment equipment? If yes, please attach.  
 YES  NO



4. Has your facility been issued any Federal, State, or Local environmental permits?

- YES  NO

If YES, list the permit(s) and permit number(s):

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5. Do you have a Spill and Slug Control Plan?

- YES. Include a copy with the application.  
 NO

6. Has this facility experienced any previous spill events?

- YES  NO

If YES, attach a description of the spill event(s) and remedial measures taken to prevent their recurrence.

**SECTION H – NON-DISCHARGED WASTES**

1. Are any waste liquids or sludges generated and **NOT** disposed of in the sanitary sewer system?

- YES, complete H2.  
 NO, skip the remainder of section H.

2. Complete for each type of waste generated at this facility:

Waste Generated	Estimated Quantity (per year)	Disposal Method
Acids/Alkalines		
Dyes/Inks		
Oil/Grease		
Organics/Solvents		
Paints		
Petroleum		
Pesticides		
Petroleum Waste		
Sludges		
Other(s): Specify		

**SECTION I – CERTIFICATION STATEMENTS**

1. For newly permitted industrial users (if existing permittee applying for renewal skip to #2):

Will/ is this facility meet all applicable Federal, State, and Local Pretreatment Standards on a consistent basis?

Yes       No

If no, submit a report with this application detailing what actions, including changes in operation and maintenance and/or pretreatment technologies that will be taken to meet pretreatment standards. The report must include a proposed timeline with milestones for completion and be certified by a qualified professional. No increment may exceed nine months and progress reports are required following each date in the schedule. **Attach to this application as Exhibit I.**

2. Must be completed by Authorized Signatory (refer to page 1 for authorized signatory requirements).

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deliver a hard copy of the completed application with an original signature to:

**City of Gresham  
Department of Environmental Services  
Industrial Pretreatment Program  
1333 N.W. Eastman Parkway  
Gresham, Oregon 97030**

**If you have questions, please contact:**

Phone: 503-618-2525  
Email: [IPP@GreshamOregon.gov](mailto:IPP@GreshamOregon.gov)